



# Network Access Request Form

Information Technology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

☒ Create a New Account

☐ Modify Existing Account

☐ Delete Existing Account

User Name/s

(if bulk modifying, please  
separate with commas)

## GENERAL INFO

First Name  M ☐ Last Name

Start Date  Employment Status  End Date

\*If NOT a State Employee.

Division  Supervisor

Site  Room / Cubicle  Phone #

## SECURITY ACCESS

(Convenient) Please give user same rights as:

User Groups:	Add	Remove	Access to folders.	None	Read Only	Full
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## E-MAIL

User will not automatically receive an e-mail address, unless specifically requested in this section.

Email Account ☐

Mailbox Size:

Distribution Lists

<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add - Remove

## ADDITIONAL

The following may require additional forms  
Please check all that are required

☐ Desktop Computer ☐ VPN  
☐ Laptop / Notebook ☐ Mainframe Access  
☐ BlackBerry ☐ UAID

Other

Additional Software:  
(Photoshop, Visio, etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Additional Applications:  
(MMARS, Meditech, etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Notes: (When requesting a user termination, please specify if and who should receive a copy of user's files)

<input type="text"/>
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Requested By:

Elisabeth O'Brien

Date

Jul 22, 2009

Approved By:

Julianne Nassif

Date

Jul 22, 2009